

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 80  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Carmen Arick**

Mailing Address 2 Loria Court

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Little Rock | AR    | 72212    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

V.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 22  | / | 2015    |

**Transaction ID : 11ai-000028450**

Amount of Each Receipt this Period

800.00

Earmarked through ACT Blue

Full Name (Last, First, Middle Initial)

**B. Thomas William Bond**

Mailing Address 5400 Edgeworrd Rd

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Little Rock | AR    | 72207    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 22  | / | 2015    |

**Transaction ID : 11ai-000028404**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Johnnie J. Roebuck**

Mailing Address PO Box 533

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Arkadelphia | AR    | 71923    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 22  | / | 2015    |

**Transaction ID : 11ai-000028405**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2800.00

**TOTAL** This Period (last page this line number only)..... ►